




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111
www.mass.gov/dma

Eligibility Operations Memo 03-13
November 1, 2003

TO: MassHealth Eligibility Operations Staff

FROM: Russ Kulp, Assistant Commissioner, Member Services 

RE: **Premiums for MassHealth Standard, MassHealth CommonHealth, and MassHealth Family Assistance**

Introduction

Effective November 1, 2003, the Division will charge premiums to the following MassHealth members. If a family has a member in more than one category – **the family will be charged the higher of any applicable premium.**

- MassHealth Standard members who are disabled adults, are not parents, and have income greater than **114%** of the federal poverty level (FPL) – **categories 42 and 43**
 - MassHealth Standard members with income greater than **133%, up to 150%** of the FPL – **categories 40, 47, and 48**
 - MassHealth CommonHealth and MassHealth Family Assistance HIV members with income greater than **100%** of the FPL – **categories 50 through 55, 58, 59, and 82 through 85**
 - MassHealth Family Assistance Direct Coverage members with income greater than **100%** of the FPL – **categories AB, AC, 79, 90 through 93, 95, and 98**
 - MassHealth Family Assistance and HIV Premium Assistance members with income greater than **100%, up to 150%** of the FPL – **their member share may increase** (that is, their premium assistance payments may decrease) – **categories 65, 72 through 75, 77, 78, 86, 87, 96, and 97**
 - Certain MassHealth members who participate in the Insurance Partnership – **their member share may increase** (that is, their premium assistance payments may decrease)
-

Exemptions

The following MassHealth members are exempt from paying any premiums:

- pregnant women and postpartum protected women, in any category;
 - children under the age of six in MassHealth Standard;
 - infants (under the age of one year) in any category;
 - MassHealth Standard TMA protected members;
 - Members who are eligible as disabled adult children or as disabled widows or widowers, or who are eligible under the Pickle Amendment; and
 - active TAFDC and SSI members.
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continued on back

**Premium
Schedules**

The following are the new and revised premium schedules.

Please Note: MassHealth Standard and CommonHealth members with active third-party liability (TPL), including Medicare Part B, whose premiums are not paid in whole or in part by the Division – **will be charged a supplemental premium** instead of the full premium.

MONTHLY FULL PREMIUM FORMULA FOR COMMONHEALTH AND FAMILY ASSISTANCE HIV MEMBERS		
Base Premium	Additional Premium Cost	Range of Premium Cost
Above 100% to 150% FPL	\$15 per family group	\$15
Above 150% FPL – start at \$15	Add \$5 for each additional 10% FPL until 200% FPL	\$15 to \$35
Above 200% FPL – start at \$40	Add \$8 for each additional 10% FPL until 400% FPL	\$40 to \$192
Above 400% FPL – start at \$202	Add \$10 for each additional 10% FPL until 600% FPL	\$202 to \$392
Above 600% FPL – start at \$404	Add \$12 for each additional 10% FPL until 800% FPL	\$404 to \$632
Above 800% FPL – start at \$646	Add \$14 for each additional 10% FPL until 1000% FPL	\$646 to \$912
Above 1000% FPL – start at \$928	Add \$16 for each additional 10% FPL	\$928 + greater

MONTHLY SUPPLEMENTAL PREMIUM FORMULA FOR COMMONHEALTH AND FAMILY ASSISTANCE HIV MEMBERS	
% of FPL	Premium Cost
Above 100% to 150% FPL	60% of full premium
Above 150% to 200% FPL	60% of full premium
Above 200% to 400% FPL	65% of full premium
Above 400% to 600% FPL	70% of full premium
Above 600% to 800% FPL	75% of full premium
Above 800% to 1000% FPL	80% of full premium
Above 1000% FPL	85% of full premium

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**Premium
Schedules
(cont.)**

MONTHLY PREMIUM SCHEDULE FOR STANDARD DISABLED (NOT APPLICABLE FOR PARENTS AND CHILDREN)	
% of FPL	Premium Cost
At or under 114% FPL	No premium
Above 114% to 150% FPL	\$12 per family group
Supplemental Premium	60% of full premium

MONTHLY PREMIUM SCHEDULE FOR STANDARD CHILDREN	
% of FPL	Premium Cost
Above 133% to 150% FPL	\$12 per child up to \$15 maximum per family group
Supplemental Premium	60% of full premium

MONTHLY FAMILY ASSISTANCE PREMIUMS FOR THE PURCHASE OF MEDICAL BENEFITS		
Description	% of FPL	Premium Cost
Families with members under age 19	Above 100% and less than or equal to 150% FPL	\$12 per child, maximum of \$15 per family
Families with members under age 19	Above 150 to 200% FPL	\$12 per child, maximum of \$36 per family
Families with childless adults	Above 100% to 200%	\$27 each adult, maximum of \$54 per family

Advance Notices

On September 19, 2003, the Division sent advance notices to MassHealth members affected by these changes. These notices can be displayed on the MA21 Query Noticing Option (PF6). Copies of the two advance notices are attached to this memo, and are identified as follows.

- **FA-ADN:** categories AB, AC, 40, 42, 43, 47, 48, 50 through 55, 58, 59, 79, 82 through 85, 90 through 93, 95, and 98.
- **PA-ADN:** categories 65, 72 through 75, 77, 78, 86, 87, 96, and 97, and certain MassHealth members who are participating in the Insurance Partnership.

continued on back

**Premium Notices
and Premium Bills**

The Division will send notices to the affected members in mid-October telling them the amount of their premium. Affected members will receive their premium bill at the beginning of November.

**Hardship Waivers
and Premium
Reductions**

The Division, at its sole discretion, may choose to waive or reduce a member's premium on a case-by-case basis in cases of extraordinary and unusual financial hardship. Waivers or premium reductions may be granted for periods up to six months. Members may apply for a new waiver or premium reduction after an existing waiver or premium reduction has ended.

MassHealth members can request a waiver by contacting the Member Premium Billing Office as follows:

- by telephone at 1-888-426-9901 (in-state toll-free) or 617-210-5501;
- by e-mail at premiumbilling@nt.dma.state.ma.us;
- by fax at 617-210-5753; or
- by written request to:

Division of Medical Assistance
Attn: Member Premium Billing Office
600 Washington Street
Boston, MA 02111-1712.

Once a request is received, the Member Premium Billing Office will send a form for the member to complete and return by mail to the above address.

**MA21 Premium
Functions**

Attached to this memo is a description of MA21 premium functions to identify premium calculation factors. These screens will be available for use by November 1, 2003.

Questions

If you have any questions about this memo, please have your MassHealth Enrollment Center designee contact the MassHealth Policy Hotline at 617-210-5331.

Viewing Premiums on MA21

Member premiums can be viewed as usual on the fourth panel of the Display Household Determination Results screen and on the second panel of the Eligibility Result for an Individual screen. In addition, to help you understand how member premiums have been determined for an MA21 family group, MA21 Additional Options have been enhanced to include Premium Functions. This includes member information and those premium calculation factors used to determine a family group premium. To view the premium associated with a specific member, begin at the MA21 Main Menu, and select Additional MA21 Options. The Additional MA21 Functions menu screen, which follows, will be displayed.

```
Select an option or PF2 to return
DMPD004          ***** MassHealth *****          DMAMD004
Sep 23,03        - Additional MA21 Functions -          9:20 AM

Code System/Function/Explanation      Code System/Function/Explanation
-----
UP UnEnded Policies                   BX Bendex Inquiry
ST Statistics                         PR Profile Options
NO Notices                           CH Commonhealth Customer Inquiry
NP List IRP NextPay Date              EA EAEDC Address Change
MP Member Special Payment System      PF PACES Payment Functions
DX Detox Services Eligibility         MC Missing Critical Data
TR TMA Retro                          CC Certificates of Coverage Counts
CN Counts Inquiry                     MS Member And Provider Payments Inq
WL Waiting List Functions             PM MA21 Premium Functions

Option ==> PM

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
      help  retrn                                     main
```

Enter **PM** (MA21 Premium Functions) as the option. When ENTER is pressed, the MA21 Premium Functions menu, shown below, will be displayed.

```
PSNPD100          ***** MassHealth *****          PSNMD100
Sep 30,03        - MA21 Premium Functions -          3:24 PM

Code System/Function/Explanation
-----
PC Premium Calculation Factors
PT Premium Type III Calculation Tool
-----

Code: PC

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
      help  retrn quit                                     main
```

The MA21 Premium Functions menu has two options. Option **PC** (Premium Calculation Factors) is used to view the member and calculation factor information used to determine Premium Assistance, Family Assistance Direct Coverage, Time Limited, or Standard Premiums. It is also used to display FPL-based premiums (CommonHealth and HIV Family Assistance).

Option **PT** (Premium Type III Calculation Tool) provides a means for estimating FPL-based premiums (CommonHealth, HIV Family Assistance) based on user-specified household factors.

Using the PC (Premium Calculation Factors) option to View Premiums

To display the Premium Calculation Factors, enter **PC** in the code field of the MA21 Functions screen and press ENTER.

When the Premium Calculation Factors screen is displayed, enter the SSN of the member for whom you want premium information and press ENTER.

Notes: If the selected member is the Head of Household, the premium information for each family group within the household will be displayed. If the desired member does not have a premium, the following message will appear in the upper left corner of the screen, "No Premium Calculated. Unable to Process SSN: nnnnnnnnn." The premium calculation does not apply when:

- there are multiple policies within the same family group;
- more than one premium type exists within the household; or
- there are more than five family groups within a household.

In these situations, use the fourth panel of the Display Household Determination Results screen or the second panel of the Eligibility Result for an Individual screen to view premiums associated with the household.

```
Enter the Member's SSN
+-----+ Premium Calculation Factors +-----+
PSNPD101                                     PSMD101
Thu, Sep 25                               : 03:49:30 PM
+-----+ Test +-----+

SSN....: 415 41 5415

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11-PF12
      help  rtn  quit                                     main
```

When ENTER is pressed, and the family group has a Premium Assistance, Family Assistance Direct, Time Limited, Standard, or Standard Disabled premium, the MA21 Premium Calculation Member Information screen is displayed. See the following screen.

If the family group has an FPL-based premium (CommonHealth or HIV Family Assistance) a pre-filled Premium Calculation Tool screen will be displayed. Refer to the section titled “Viewing CommonHealth and HIV Family Assistance Premiums” later in this section.

Notice that the Head of Household SSN and Name are displayed in the upper section of the MA21 Premium Calculation Member Information screen.

```

PSNPD102                      ***** MassHealth *****                      PSNMD102
Sep 30,03      - MA21 Premium Calculation Member Information -                      1 more >

Household SSN: 415-41-5415  Name: JOUBES, ME

Member      A  B  C  A      P
            P  E  A  G  FG R  -PA-  --CH/FP  Prem-----  T
            PL N  T  E  NO G  Amt    Amt    Start Dt  L SE  FG      HIN
            SSN   PL N  T  E  NO G  Amt    Amt    Start Dt  L SE  Resp Amt  Policy
415415415  Y XX XX 38  01
415415416  Y FP 90  5  01                      12.00 20031001  P

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
      help  retrn quit                      snpsh                      left  right main

```

Following is a listing of each member information field along with a description of each.

Field	Description
Member SSN	The social security number of each family group member
APPL(ying)	Applying for indicator where Y = Yes and Blank = No
BEN(efit)	Benefit code
CAT(egory)	Code for member's category of assistance
AGE	Member's age at time of eligibility determination
FG-NO	Family group number

Field	Description
PRG	Pregnancy indicator where Y = Yes and Blank = No
PA Amt	Premium Assistance amount, if applicable
CH/FP Amt	Amount member is billed
Prem Start Dt	Date first premium payment is due to DMA
TPL	Code to indicate Health Insurance Status where I = Insured, M = Medicare, P = Potential access to health insurance, S = Self-Declared, or U = Uninsured.
LE/SE	Large Employer/Small Employer indicator – used for Premium Assistance
FG Resp Amt	Applies to Premium Assistance. The amount for which the family group is responsible.
HIN Policy	Member's health insurance policy number

The previous MA21 Premium Calculation Member Information screen illustrates an example of a family group that has been assessed a \$12 family plan direct premium. This example is based on Family Plan direct coverage premium for a family group with one child.

Following is an example of the MA21 Premium Calculation Member Information screen for a family group receiving Premium Assistance.

```

PSNPD102                ***** MassHealth *****                PSNMD102
Oct  2,03                - MA21 Premium Calculation Member Information -                1 more >

Household SSN: 070-11-2222  Name: BUCK, JOANNE

Member      A   B   C   A   P
            P   E   A   G   FG   R   -PA-   --CH/FP   Prem----- T
            PL  N   T   E   NO  G   Amt      Amt      Start Dt  L SE   FG      HIN
            SSN  PL  N   T   E   NO  G   Amt      Amt      Start Dt  L SE   Resp Amt  Policy
0701122222 X  ST  46  27  01  Y                88.00      I SE  100.00  1001180
0702222222 X  XX  XX  28  01                I SE  100.00  1001180
              X  PP  74  13  01                I SE  100.00  1001180

Enter- PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
      help  retrn quit                snpsh                left  right main

```


In this example, the family group receives employer-sponsored health insurance through a small employer. The amount this family must pay for health insurance is \$100 (family group responsible amount). This family will receive \$88 in premium assistance from the Division.

In addition to displaying family group member and premium information, **PF1** help is available for member information fields, and the **PF6** snpsh (snapshot) function provides an automatic link to the MA21 Household Determination Result screen. This function allows you to quickly display the household's most current determination (the determination on which the premium is based) and to use the P(revious) and N(ext) functions to scroll through household determinations and premiums. You are also able to view the Eligibility Result for an Individual screen for any selected member. To return to the MA21 Premium Calculation Member information screen, press PF2.

To view the factors involved in the family group premium determination, press PF11. The MA21 Premium Calculation Factors screen, which follows, will be displayed.

```

Scrolling performed.
PSNPD102          ***** MassHealth *****          PSNMD10
< 1 more          - MA21 Premium Calculation Factors -          12:09 PM

- Family Group-   - 01- |      -02- |      -03- |      -04- |      -05- |
MA21 Ref. No:   13
Kids in FG...   Y
FG Size.....   4
FG FPL%..... 190.3
BEI FG.....
Supplement...
ST Disbl FG..
No ST Kids...
No ST Adlts...
No HCR Kids.. 1
No HCR Adlts: 1
FG Resp. Amt: 100.00
DMA Premium.. 12.00
Subsidy..... 88.00
Emplr Prem... 450.00
Ins Non-Dsbl: 3
Ins Disabled:
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12--
      help  retrn quit          snpsh          left  right main

```

Premium calculation factors are displayed for up to five family groups within a household. In the above example, there is one family group with four members; one of which is a child. The child is identified as a Health Care Reform child, a child aged one through 18 with income between 150% and 200% FPL. The family group also includes a pregnant woman and a Health Care Reform adult. The FPL is 190.3%.

Following is a list of the premium calculation factors along with a description of each.

Field	Description
MA21 Ref No	Used by MA21 to calculate premium
Kids in FG	Y = Family group includes at least one child < 19
FG Size	Number of members in the family group
FG FPL %	Family group income as a percent of the federal poverty level
BEI FG	Applies to Premium Assistance. At least one family group member has health insurance through a qualified employer.
Supplement	Supplemental premium (lower premium) is used in the calculation when the family group has health insurance to which the Division does not contribute.
ST Disbl FG	Member of family group is an adult in Cat 42 or 43 with FPL > 114.
No ST Kids	Number of family group members who are children (<19) receiving Standard (excludes pregnant and TMA members)
No ST Adlts	Number of family group members who are receiving Standard (excludes pregnant and TMA members)
No HCR Kids	Number of family group members who are children (<19) receiving Family Assistance benefits
No HCR Adlts	Number of adults receiving Family Assistance benefits
FG Resp. Amt	Applies to Premium Assistance. Family group share of employee-sponsored health insurance.
DMA Premium	Applies to Premium Assistance. Member share of the Premium Assistance amount.

Field	Description
Subsidy	Applies to Premium Assistance. The amount the Division pays toward the member's employer-sponsored health insurance (minus) the DMA premium amount.
Emplr Prem	Applies to Premium Assistance. Cost-effective employer premium threshold. Employer Premium = the number of insured non-disabled persons x \$150 + the number of employed disabled x \$450).
Ins Non-Dsbl	Applies to Premium Assistance. Number of family group members who are not disabled and covered by the employer-sponsored health insurance.
Ins Disabled	Applies to Premium Assistance. Number of disabled family group members covered by the employer-sponsored health insurance.

In addition to displaying the factors used to calculate a family group premium, the premium calculation screen includes **PF1** help for on-line descriptions of the premium factor fields, and a **PF6** snpsh (snapshot) function that automatically links to the MA21 Household Determination Result screen. This function allows you to quickly display the household's most current determination and to use the P(revious) and N(ext) functions to scroll through household determinations. The Eligibility Results for an Individual screen can also be viewed for a selected member. To return to the MA21 Premium Calculation Factors screen, press PF2.

Viewing CommonHealth and HIV Family Assistance Premiums

When the SSN entered on the Premium Calculation Factors main screen identifies a family group with either a CommonHealth or HIV Family Assistance premium, the FPL Premium Calculation Tool screen is displayed with pre-filled values. See the following.

```
+-----+ FPL Premium Calculation Tool +-----+
PSNPD105                                     PSNMD105
Thu, Oct 09                                03:39:36 PM
+-----+ Development +-----+

      SSN: 070-01-1111

      FG Size: 2_

      FG Monthly Gross Income: 2009_____

      Supplemental: N (Y/N)

      FPL%: 198.9

      Premium Calculated: 35.00

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11-PF12
      help  rtnr  quit                snpsh                      main
```

In this example, the SSN (070-01-0111) identifies a family group of two members. The gross monthly income for this family group is \$2,009, which represents 198.9% FPL. Because this family group does not have health insurance to which DMA contributes, the full premium of \$35 is assessed.

PF1 help is available to view the FPL-based full and supplemental premium tables. In addition, PF6 can be used to display the MA21 Household Determination Result screen for this household.

Using the PT (Premium Calculation Tool) to estimate a family group CommonHealth or HIV Family Assistance premium

At the MA21 Premium Functions screen, enter PT. See below.

```
PSNPD100                      ***** MassHealth *****                      PSNMD100
Oct 10,03                     - MA21 Premium Functions -                      10:53 AM

Code System/Function/Explanation
-----
PC Premium Calculation Factors
PT FPL Premium Calculation Tool
-----

Code: PT

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
      help  retrn quit                                          main
```

When ENTER is pressed, the Premium Calculation Tool is displayed. See the following.

```
Enter the Family Group Size and Monthly Gross Income

+-----+ Premium Type III Calculation Tool +-----+
PSNPD105                      PSNMD105
Fri, Oct 03                      12:48:42 PM
+-----+ Development +-----+

FG Size: :

FG Monthly Gross Income: :

Supplemental: __ (Y/N)

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12
      help  rtnr quit                                          main
```

Enter the number of family group members in the FG size field and the monthly gross income (as a whole number) in the FG Monthly Gross Income field. Enter Y(es) in the Supplemental field to calculate a supplemental premium or N(o) to calculate a full premium. Press ENTER to have the premium calculated.

```
Enter the Family Group Size and Monthly Gross Income

+-----+ Premium Type III Calculation Tool +-----+
PSNPD105                                     PSNMD105
Fri, Oct 03                                12:48:42 PM
+-----+ Development +-----+

FG Size: 3

FG Monthly Gross Income: 2918

Supplemental: N (Y/N)

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11-PF12
      help  rtn  quit                                     main
```

When ENTER is pressed, the FPL and Premium calculation results, shown below, are displayed.

```
+-----+ Premium Type III Calculation Tool +-----+
PSNPD105                                     PSNMD105
Fri, Oct 03                                12:31:04 PM
+-----+ Development +-----+

SSN: 400-12-5547

FG Size: 3_

FG Monthly Gross Income: 2918_____

Supplemental: N (Y/N)

FPL%: 229.4

Premium Calculated: 56.00

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11-PF12
      help  rtn  quit                                     main
```

In this example, a family group of three with gross monthly income of \$2,918 will be assessed a full premium of \$56.

To view the premium charts, press PF1. To return to the MA21 main menu, press PF12.